





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUN 09 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Len Capuzzi, Administrator  
East Deer Personal Care Home, Inc.  
East Deer Personal Care Home  
967 Freeport Road  
Creighton, Pennsylvania 15030

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on March 23, 2010 and May 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,



A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

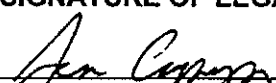

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

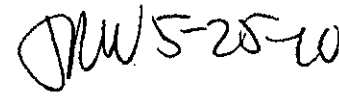
**Western Region**

|   |                          |   |                        |
|---|--------------------------|---|------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>East Deer Personal Care Home<br>967 Freeport Road, Creighton, Pennsylvania 15030 |                          | <b>CURRENT LICENSE NUMBER</b><br>430780   |                        |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 23, 2010   |                          | Adult Residential Licensing<br><b>REGIONAL REPRESENTATIVE</b><br>Betty Bloch and Melinda Orme   |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>             | <b>DATE</b><br>4-23-2010 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5-25-10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|--|--|---|--|--------------------------------------|
| 16b<br>The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. | The home's policy and procedures on reportable incidents and conditions did not include the following: <ul style="list-style-type: none"> <li>• Prevention of incidents/ conditions.</li> <li>• Investigation of incidents/ conditions.</li> </ul> | 4/22/10<br><br>6/15/10                          | A new policy that implements all the requirements of Regulation 16b has been adopted and will be enforced.<br><br>All staff persons will be trained on this policy and documentation will be kept. 5-6-10 JWP<br><br>Copy enclosed: 16b page 1 of 26 | JWP 5-25-10                          |



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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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| 22a1<br>The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.<br><br>224a<br>A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. | The preadmission forms completed for resident # 1, dated 8/15/09 and 11/27/09, did not address if the needs of the resident could be met by the services provided by the home. The section addressing this concern was left blank on both forms.<br><br>The resident was a respite resident during the period of 8/17/09 to 11/25/09, prior to be admitted as a permanent resident on 11/27/09. | 3/24/2010                                       | The needs are able to be met and the box has been checked. In the future all admission forms will be reviewed by the administrator before they are filed. |  |

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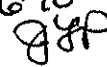
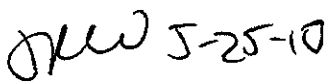
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| 22a3<br>The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.<br>225a<br>A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. | The following special dietary needs indicated on the most current medical evaluations (ME) for resident #s 2 and 3 were not indicated on their most current assessments. <ul style="list-style-type: none"> <li>• Res. # 2: ME dated 8/4/09 indicated "gerd precaution" and "low fat"</li> <li>• Res. # 3: ME dated 3/9/10 indicated "ground meat"</li> </ul> Resident # 2's assessment was dated 7/8/09.<br>Resident # 3's assessment was dated 3/10/10. | 3/24/2010<br><br><br><br><br><br><br><br><br><br>6-30-10 | The dietary needs from the medical evaluations for resident # 2 and # 3 have been added to their assessments. Now when the new medical evaluations are received any dietary changes will be added to the assessments.<br><br>The administrator or designee will review all current resident records comparing the medical evaluation to the assessment to ensure all information from the medical evaluation is carried over to the assessment including any special dietary needs. | Steps have been taken to correct violation; full compliance is not verifiable<br>5-25-10 JW<br>Date Initials (DPW) |

5-6-10 JPP

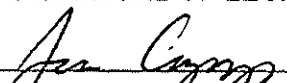

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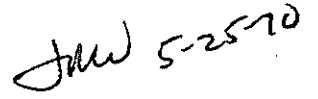
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|--|--|---|--|---|
| 25b<br>The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. | The addendums D and E to the contract of resident # 4 were not signed by the resident. Both were dated 3/19/10.<br><br>There was no notation indicating that the resident refused to sign or that s/he was deemed incompetent by a court of law. | 3/24/2010<br><br><br>6-30-2010                  | Both addendums have now been signed by the resident. If a resident refuses to sign the contract or any part of the addendums it will be noted "resident refused to sign".<br><br>All resident contracts will be reviewed by the administrator or designated person to ensure all required signatures are in place. 5-6-10<br> |  5-25-10 |

copy enclosed: Addendum D & E



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| 81b<br>Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards. | The grab/assist bar attached to the bed in room # 217 was approximately 6" wide between the bars and was uncovered which is a limb entrapment hazard. | 3/23/2010                                       | A covering has been wrapped around the grab/assist bar.<br><br>The direct care staff checks to make sure the covering has not been removed, and will replace it if needed, while making rounds. |  5-25-10 |

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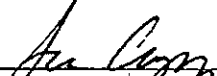

**Western Region**

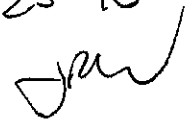
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| 85a<br>Sanitary conditions shall be maintained. | In the bathroom adjoining bedroom # 103, an odorous used sanitary napkin was on the floor of the shower.<br><br>In addition, there was a strong urine odor in this bathroom and the adjoining bedroom. | 3/23/2010<br><br><br>6/15/2010                  | The direct care staff will check the residents room, bathroom and shower for any items that a resident has erroneously misplaced and properly dispose of it.<br><br>The bathroom indicated will be cleaned and deodorized along with the adjoining bedroom. Daily checks will be made by direct care staff to ensure areas are free of urine smell.<br>5610 JPP | Steps have been taken to correct violation; full compliance is not verifiable<br>5-25-10 <br>Date Initials (DPW) |

**VIOLATION REPORT**  
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| 93a<br>Each ramp, interior stairway and outside steps shall have a well-secured handrail. | The handrail at the top of the outside steps, leading down from the parking lot to the lower side of the building closest to Freeport Road, was broken and dangling from the one side of the railing post. This left that portion of the steps without a handrail to use. | 03/26/2010<br><br>6/15/2010                     | The handrail has been fixed. A plan to check the exterior property for damage that needs to be repaired will be implemented.<br><br>The administrator or a designated staff person will inspect the interior and exterior ramps and stairways once a month to ensure that they all have a well-secured handrail. 5-6-10 gfp | 5-25-10<br> |

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| 101j7<br>Each resident shall have the following in the bedroom:<br>An operable lamp or other source of lighting that can be turned on/off at bedside. | In bedroom #208 the bed closest to the closet did not have a lamp or other source of lighting within reach of the resident's bed.<br><br>The resident in bedroom #217 there was no lamp or other source of lighting within reach of the resident's bed. | 3/23/2010<br><br><br><br><br><br><br><br><br><br>6/15/2010 | The lamps have been moved within reach of the resident's bed.<br><br>The staff has been informed that a lamp needs to be within reach of the residents bed. If a resident or family member moves it, they need to put it back where it belongs. This will also be discussed at the next resident council meeting.<br><br>All staff persons and residents will be educated to the importance of having a source of lighting that can be turned on/off at bedside. | 5-25-10<br><i>[Signature]</i>        |

During daily rounds, staff persons will check to ensure lamps are in place and properly working.  
 5-6-10 JJO



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| 107b<br>The home shall have written emergency procedures that include the following:<br><br>(3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of residents.<br>(4) Means of transportation in the event that relocation is required. | The home's emergency procedures did not include PEMA or its phone number, or the means of transportation which would be used in the event that relocation is required for the residents. | 5/1/2010<br><br><br><br><br><br><br><br><br><br>6/30/2010 | A new emergency procedure will be adapted.<br><br>The county emergency management telephone number and PEMA number will be included. It will also include the means of transportation that will be used if the residents need to be relocated.<br><br>All staff persons will be educated on the new emergency procedures and documentation will be kept.<br>5-6-10<br>JPP | JPP 5/25/10                          |

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| 121a<br>Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed. | The emergency exit identified as "Exit 2" had a piano and an accent table stored in the egress route of the first floor hallway. | 3/29/2010<br><br>6/15/2010                      | The piano and accent table have been removed from the hall. Nothing will be placed in the hall that would obstruct the egress route.<br><br>The administrator or designated staff person will inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building one time a week to ensure they are not obstructed. 5/6/10 JPP | JMW<br>5-25-10                       |

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| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Jan Cogg</i>   | <b>DATE</b><br>4-23-2010 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>JW</i>                | <b>DATE</b><br>5-26-10 |

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| 123b<br>Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. | The home's emergency preparedness plan was not posted in the home. The only copy was maintained in the administrator's office. | 4/26/2010                                       | A copy of the current emergency procedure has been posted on the bulletin board on each floor. In addition to the office and each nurses station the emergency preparedness plan for the home and the township are posted on each floor. When the new emergency plan is complete a copy will be kept in the office, in the emergency evacuation book at each nurses station and on the bulletin board on each floor. | <i>JW</i><br>5/25/10                 |

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| 1<br>REGULATION<br>55 Pa.Code § 2600.                                  | 2<br>VIOLATION   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|--|--|---|---|--|
| 132a<br>An unannounced fire drill shall be held at least once a month. | Staff person A, who is the administrator, stated that staff is informed of fire drills prior to the alarm being sounded. | 3/24/2010<br><br>6/15/2010                      | All fire drills will be unannounced from now on. The staff will not be informed when a fire drill will take place.<br><br>The home will hold an unannounced fire drill every month.<br>5-6-10<br><i>[Signature]</i> | Steps have been taken to correct violation; full compliance is not verifiable<br>5-25-10 <i>[Signature]</i><br>Date Initials (DPW) |



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

**Western Region**

|   |                          |  |                        |
|---|--------------------------|--|------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>East Deer Personal Care Home<br>967 Freeport Road, Creighton, Pennsylvania 15030 |                          | <b>CURRENT LICENSE NUMBER</b><br>430780  |                        |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 23, 2010   |                          | <b>REGIONAL REPRESENTATIVE</b><br>Betty Bloch and Melinda Orme<br><i>Adult Residential Licensing</i> |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>  | <b>DATE</b><br>4-23-2010 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>                       | <b>DATE</b><br>5-25-10 |

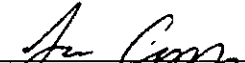
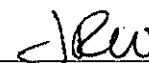
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|---------------------------------------|--|---|--|--------------------------------------|
|                                       | least 50 % of the residents are awake by 7:00 am and asleep by 10:30 pm. |   |  |                                      |

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

|   |                          |   |                        |
|---|--------------------------|---|------------------------|
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 23, 2010   |                          | <b>REGIONAL REPRESENTATIVE: Residential Licensing</b><br>Betty Bloch and Melinda Orme |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Jan Capp</i>   | <b>DATE</b><br>4-23-2010 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>MO</i>                 | <b>DATE</b><br>5-25-10 |

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|--|--|---|--|--------------------------------------|
| 133a1<br>If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits. | The three exit doors in the basement did not have exit signs posted on or near them. | 3/25/2010                                       | All the exit doors in the basement have "EXIT" signs posted over them.<br>The basement exit doors will be checked to assure the signs are in place.  | <i>MO</i><br>5-25-10                 |



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


|   |                          |   |                        |
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 23, 2010   |                          | <b>REGIONAL REPRESENTATIVE:</b> Residential Licensing<br>Betty Bloch and Melinda Orme   |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>             | <b>DATE</b><br>4-23-2010 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5-25-10 |

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|---|--|---|---|---|
| 183b<br>Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. | Resident #5 had a bottle of CeraVe Hydrating Cleanser in his/her bedroom. The resident's medical evaluation, dated 5/28/09, indicates the resident can not self administer medications.<br><br>Resident # 16 had bottles of prescribed Refresh Eye Drops 0.5% in his/her bedroom and bathroom. Resident #10's medical evaluation, dated 3/5/09, indicates the resident can not self-administer medications.<br><br>In the bathroom adjoining bedroom #101, a tube of Convate Antifungal Ointment was found unlocked in the | 3/24/2010<br><br><br>3/24/10<br><br><br>3/24/2010 | The cleanser has been removed from the room. It is now in a locked box at the nurses station. The resident and family have been informed to turn in all medications to the nurses station.<br><br>Eye drops have been removed from the room and are now locked in the med cart. They will be kept in the med cart from now on.<br><br>The cream has been thrown away. Resident has been informed they cannot keep this cream in their room. | Steps have been taken to correct violation; full compliance is not verifiable<br>5-25-10 JRW<br>Date Initials (DPW) |

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**



*Western Region*  
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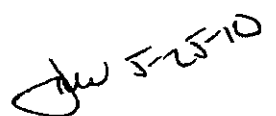
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|---------------------------------------|----------------|---|--|--------------------------------------|
|                                       | cupboard.      | 6/30/10   | Residents will be educated on this policy and the importance of not having any type of medication in their rooms. Documentation shall be kept.   |                                      |
|                                       |                | 6/30/10   | Staff persons will inspect resident bedrooms one time per shift to ensure that all medications are locked and inaccessible to residents. 5-16-10  |                                      |

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

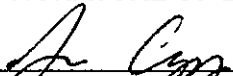
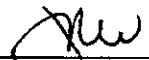
Western Region Page 19 of 24


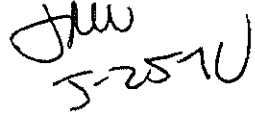
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| 183d<br>Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. | Novolin R 100u/ml 10ml for resident # 7 was not dated as to when it was first punctured for use. The manufacturer's instructions were not with the bottle.<br><br>Unable to determine if the medication was expired. | 3/24/2010<br><br>6/30/2010                      | The bottle was disposed of. The start date will be written upon opening. The staff has been told to always check that the start date is written down when opened.<br><br>The administrator or a designated staff person will check all insulin vials twice a month to ensure that they are dated when opened and have not expired.<br>5610 JPP |  5-25-10 |

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


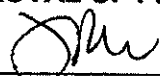
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 Page 20 of 24

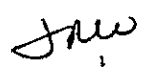
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|---|--|--|---|---|
| 185a<br>The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. | The home did not have written policy and procedures for the safe storage, access, security, distribution, use of medications and medical equipment by trained staff persons. | 4/22/2010<br><br><br><br><br><br><br><br><br><br><br>6/30/2010 | A policy has been developed and implemented regarding the procedures, safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.<br><br><br>All staff persons will be educated on this policy and documentation shall be kept. 5-6-10<br> | <br>5-25-10 |
| Copy enclosed 185a page 21 of 26  |  |  |   |   |

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

*W...*

|   |                          |   |                        |
|---|--------------------------|---|------------------------|
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|---|--|---|--|--|
| 223a<br>The home shall have a current written description of services and activities that the home provides including the following:<br><br>(3) Specific services that the home does not provide, but will arrange or coordinate. | The home did not include in its current list of charges and services if it would arrange transportation for outside services, as needed, and any charges associated for the transportation to the resident.<br><br>Currently the home does not provide its own transportation for residents. | 5/1/2010  | We are in the process of developing a written policy that describes the services and activities the home provides. Any outside services provided and charges associated for them will be listed. | <br>5/25/10 |

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

APR 26 2010


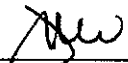
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| NAME AND ADDRESS OF PERSONAL CARE HOME<br>East Deer Personal Care Home<br>967 Freeport Road, Creighton, Pennsylvania 15030 |                   | CURRENT LICENSE NUMBER<br>430780<br>Adult Residential Licensing         |                 |
| INSPECTION DATE(S) (Include all dates of the inspection)<br>March 23, 2010   |                   | REGIONAL REPRESENTATIVE -<br>Betty Bloch and Melinda Orme               |                 |
| SIGNATURE OF LEGAL ENTITY<br><i>[Signature]</i>  | DATE<br>4-23-2010 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>[Signature]</i> | DATE<br>5-25-10 |


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|---|--|---|--|--------------------------------------|
| 226a<br>The resident shall be assessed for mobility needs as part of the resident's assessment. | The most current medical evaluation, dated 2/25/10, for resident #8 indicated that the resident was immobile in the event of an emergency. The most current assessment, dated 2/25/10, indicated that the resident was mobile. | 4/19/2010                                       | The doctor has completed a corrected medical evaluation stating the resident is mobile.<br><br>When the medical evaluations are received they will be reviewed. If any error has occurred a copy will be returned to the doctor for correction. Both forms will be filed.<br><br>Copy enclosed : page 24 of 26 | <i>[Signature]</i><br>5-25-10        |

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

**Western Region**

APR 26 2010

|   |                          |   |                        |
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|---|--|---|--|---|
| 252<br>Each resident's record shall include the following information:<br><br>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. | The following records reviewed did not address identifying marks: 1, 2, 3, 4, 8 and 9.<br><br>The area addressing identifying marks was left blank in these records. | 4/30/2010                                       | All residents and their family will be asked if the resident has any identifying marks. All new residents will be asked at admission. Current residents are in the process of being completed. The first floor is done and the second floor is in the process of being completed.<br><br>Copies Enclosed | 5-25-10<br> |

